

DEPARTMENT OF HEALTH SERVICES
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RICHMOND, CA 94804



California Sentinel Provider Influenza Surveillance Program Frequently Asked Questions

My schedule is very busy. Why should I take the time to be an influenza sentinel provider?

The data you provide are critical for protecting the public's health. Influenza viruses are constantly evolving and cause substantial morbidity and mortality in California every year. Data reported by sentinel providers are critical for monitoring the impact of influenza and to guide prevention and control activities and vaccine strain selection.

What are my primary responsibilities as a sentinel provider? May I participate in the Sentinel Provider Influenza Surveillance System by only sending diagnostic specimens to the state Viral and Rickettsial Diseases Laboratory (VRDL)?

The Sentinel Provider Influenza Surveillance Network is first and foremost a system for tracking the weekly proportion of Influenza-Like-Illness (ILI) cases in your practice. Therefore, we request that at a minimum, sentinel providers log reports of ILI. Providing specimens is also very important and valuable since specimens tell us which flu strains are circulating.

Which specimens should be sent to VRDL?

We request that you send at least 5 specimens to the lab, if possible and ideally would like specimens submitted year round. This helps us to identify which strains are circulating in the community.

Ideal specimens are from patients presenting:

- at the beginning, peak, and end of the influenza season
- with severe disease
- with recent overseas travel
- in an outbreak setting

If you have a patient with an unusual presentation but which you suspect to be flu, you might also want to send in a specimen.

I can't find my CDC work folder which had my password; what should I do?

Please contact our program coordinator, Melissa Dahlke (510) 620-3494 mdahlke@dhs.ca.gov and request a replacement work folder, or your ID and password if that is all you need.

Which weeks mark the beginning and end of the ILI reporting for the season?

The 2006-2007 influenza season begins October 1, 2006 and ends September 30, 2007.

Please begin collecting your data during week 40 (October 1-7, 2006) and continue reporting throughout the year. We would like you to report year-round, especially now that avian influenza activity continues to occur overseas throughout the year.

Do I need to report for a week in which I did not see any patients with ILI?

Yes. Please remember to report your ILI data each week, even if no patients with influenza-like illness are seen. Zero reporting is important for complete and accurate records and for calculating the proportion of patients you see each week for ILI. It is important to know both when you are seeing ILI activity and when you are not.

To which practices do you provide the Rapid Flu Test Kits?

We provide influenza A and B rapid test kits to practices that express a desire for them and that are not served by their own labs. A practice that performs rapid flu tests must have a CLIA waiver.

We don't see a reason to use the Rapid Flu Test Kits you have offered; the results will not change our management of patients.

The Rapid Flu Test Kits are optional. We ask that you not request them if you do not wish to use them because they are expensive and our budget can supply only a limited number for our providers.

Do you want us to exclude our immunocompromised patients from the case count?

No. There are no exclusion criteria for patients with ILI. There are also no exclusion criteria for the total number of patients you see during a week. Simply report the number of ILI cases by the four age categories, as well as the total of number of patients seen that week.

Can an RN who is not a Nurse Practitioner be a sentinel provider?

No. CDC stipulates that sentinel providers are physicians, physician assistants, and nurse practitioners. (Exceptions for school nurses and school based health centers have been approved.)

How do I report my ILI data over the internet?

Go to: <http://www2.ncid.cdc.gov/flu>.

Enter your user ID and password.

Click "Enter Data."

Select the date code based on the last day of the week for which you are reporting.

Enter ILI data based on age group of patients seen for the week.

Enter the total number of patients seen for the week.

Click "No" if you have not already entered data for the week (sometimes people go back and make corrections, in that case you would click "Yes").

Click "Submit" and your data will be sent to CDC.

We do not use the Internet; can our practice still participate?

Yes. The last page of the CDC work folder contains instructions on how to fax your reports. Simply copy the last page and use it as a template. Fill in the counts, and fax the sheet to the toll-free number 1-888-232-1322.

We used to telephone in our counts; can we still do that?

No. We're sorry but CDC has discontinued reporting by phone.

What should we do if we see a suspect avian flu case?

ALL health care providers should contact their local health departments and submit specimens for further characterization from patients who meet the following criteria for suspect avian influenza:

ALL OF THE FOLLOWING

- Patient with an illness that requires hospitalization or is fatal; **AND**
- documented fever of $>38^{\circ}\text{C}$ (100.4°F); **AND**
- respiratory illness (pneumonia, ARDS, other) with no established pathogen or diagnosis

AND ONE OR MORE OF THE FOLLOWING EXPOSURES WITHIN 10 DAYS OF SYMPTOM ONSET

- A. Travel to an area with documented avian (H5N1) influenza¹ in poultry², wild birds and/or humans with at least one of the following
- Direct contact with (e.g. touching) sick or dead domestic poultry²; **OR**
 - Direct contact with surfaces contaminated with poultry² feces; **OR**
 - Consumption of raw or incompletely cooked poultry² or poultry² products; **OR**
 - Direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1; **OR**
 - Close contact (within 1 meter or 3 feet) of a person who was hospitalized or died due to unexplained respiratory illness **OR**
- B. Close contact (within 1 meter or 3 feet) of an ill patient who was confirmed or suspected to have H5N1; **OR**
- C. Have worked with live influenza H5N1 virus in a laboratory

Avian H5N1 influenza testing should also be considered on a case-by-case basis in consultation with your local health department for hospitalized or ambulatory patients with:

- Mild or atypical disease (e.g., diarrhea or encephalitis without respiratory disease) with one of the above exposures (A, B, or C) **OR**
- A patient with severe or fatal respiratory disease whose epidemiological information is uncertain, unavailable or suspicious, but does not meet criteria listed above (e.g. returned traveler from an affected country with unclear exposure, or with contact with well-appearing poultry²)

1. For a list of affected countries, visit the Web site of the [World Organization of Animal Health \(OIE\)](http://www.oie.int/download/AVIAN%20INFLUENZA/A_AI-Asia.htm) http://www.oie.int/download/AVIAN%20INFLUENZA/A_AI-Asia.htm and click on "GRAPH" at the top of the page.

2. The definition of poultry is: domestic fowls, such as chickens, turkeys, ducks, or geese, raised for meat or eggs.

How and when can we get results from the specimens we sent to VRDL?

Your results will come to you by mail from VRDL. The results will arrive 1-3 weeks after your specimen submittal. Negative results take longer for final confirmation than do positive results. Positive results can also be faxed as soon as they are available.

Can we get replacement specimen kits?

Yes. We provide each practice with three kits. Each time you send VRDL a kit with specimens, we will send you a replacement kit. If you find you do not have enough kits, please e-mail flu@dhs.ca.gov or contact Erica Boston at (510) 307-8503.

Can we get replacement rapid test kits?

Yes, depending on our resources. We usually do not send out more than one box of rapid test kits per practice (each box contains 25 rapid tests). If you are a large practice and need more, we will consider your request depending on how many kits we have left for the season.

Who should we call if we have questions about the program?

If you have questions, please contact Melissa Dahlke (510) 620-3494 mdahlke@dhs.ca.gov.

Some of my colleagues wish to participate in the network; can they sign up?

Yes. We are always looking for good reporters for our network, especially in certain counties, such as Los Angeles and San Bernardino and rural counties, where we have a critical lack of providers. Please ask your colleagues to contact us at the emails/phone numbers given above, or send us your colleagues' names and contact information, and we will get in touch with them. You can also refer interested providers to our website for additional information.
<http://www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Sent-Provider.htm>.